

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

PACPLUS

ADDRESS (number and street)

268 Bush Street Unit4409

☐ Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94104

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00516500

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 25 2013

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Le

Signature of Treasurer

Lisa Le

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 27 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PACPLUS

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 25 / 2013 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2013		<span style="border: 1px solid black; padding: 2px;">22364.77</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">98002.16</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">45359.00</span>	<span style="border: 1px solid black; padding: 2px;">217723.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">143361.16</span>	<span style="border: 1px solid black; padding: 2px;">240087.77</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">122057.29</span>	<span style="border: 1px solid black; padding: 2px;">218783.90</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">21303.87</span>	<span style="border: 1px solid black; padding: 2px;">21303.87</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**PACPLUS**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07		25		2013

To:

M M M	/	D D D	/	Y Y Y Y Y
12		31		2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5000.00

5000.00

(ii) Unitemized .....

20.00

20.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5020.00

5020.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

5020.00

5020.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

1000.00

1000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

39339.00

211703.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

45359.00

217723.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

45359.00

217723.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	153.92	363.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	153.92	363.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	6000.00
24. Independent Expenditures (use Schedule E) .....	67305.55	74305.55
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	20.00	20.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	20.00	20.00
29. Other Disbursements .....	52077.82	138094.43
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	122057.29	218783.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122057.29	218783.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5020.00	5020.00
34. Total Contribution Refunds (from Line 28(d)) .....	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	153.92	363.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	153.92	363.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 45

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Steve Phillips**

Mailing Address 553 Arkansas St.

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2013

Transaction ID : SA11AI.9028

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Iris Archuleta**

Mailing Address 1883 Mt. Conness Way

City State Zip Code  
 Antioch CA 94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emerald HPC International, LLC

Occupation  
 Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 23 2013

**Transaction ID : SA17.9162**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Iris Archuleta**

Mailing Address 1883 Mt. Conness Way

City State Zip Code  
 Antioch CA 94531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Emerald HPC International, LLC

Occupation  
 Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 23 2013

**Transaction ID : SA17.9213**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Donna Bransford**

Mailing Address 3068 Birdsau Ave

City State Zip Code  
 Oakland CA 94619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 DNB Strategie Consulting

Occupation  
 Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2013

**Transaction ID : SA17.9093**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Helen Cagampang**

Mailing Address 1015 Fresno Ave.

City State Zip Code  
 Berkeley CA 94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

09 / 04 / 2013

Transaction ID : SA17.8963

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Helen Cagampang**

Mailing Address 1015 Fresno Ave.

City State Zip Code  
 Berkeley CA 94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 04 / 2013

Transaction ID : SA17.9017

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Helen Cagampang**

Mailing Address 1015 Fresno Ave.

City State Zip Code  
 Berkeley CA 94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

10 / 23 / 2013

Transaction ID : SA17.9063

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 45  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Helen Cagampang**

Mailing Address 1015 Fresno Ave.

City State Zip Code  
 Berkeley CA 94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2013

Transaction ID : SA17.9123

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Helen Cagampang**

Mailing Address 1015 Fresno Ave.

City State Zip Code  
 Berkeley CA 94707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2013

Transaction ID : SA17.9184

Amount of Each Receipt this Period

50.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Amy Epstein**

Mailing Address 1467 Shotwell St.

City State Zip Code  
 San Francisco CA 94110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Leadership Public Schools

Occupation

Public School Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013

Transaction ID : SA17.8964

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

340.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 45  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. David Foecke**

Mailing Address 3068 Birdsall Ave

City State Zip Code  
Oakland CA 94619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2013

**Transaction ID : SA17.9092**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Robert Friedman**

Mailing Address 2275 Summit Dr.

City State Zip Code  
Hillsborough CA 94010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CFED

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SA17.9139**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Donna Halper**

Mailing Address 67 Hilma Street

City State Zip Code  
Quincy MA 02171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lesley University

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SA17.9137**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

720.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Georgina Hernandez**

Mailing Address 3675 La Calle Court

City

Palo Alto

State

CA

Zip Code

94306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Stanford University

Occupation

Academic Research and Program Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 13 / 2013

Transaction ID : SA17.9142

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Anthony Kendall**

Mailing Address 220 Cortland Ave #1

City

San Francisco

State

CA

Zip Code

94110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Progressive Era Project

Occupation

Consultant

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

12 / 19 / 2013

Transaction ID : SA17.9209

Amount of Each Receipt this Period

10.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Victoria Lauterbach**

Mailing Address 1860 N Scott ST Apt 536

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cadwalader, Wickersham & Taft

Occupation

Attorney

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 11 / 2013

Transaction ID : SA17.9029

Amount of Each Receipt this Period

25.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

275.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 45  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Victoria Lauterbach**

Mailing Address 1860 N Scott ST Apt 536

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cadwalader, Wickersham & Taft

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2013

**Transaction ID : SA17.9135**

Amount of Each Receipt this Period

25.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Victoria Lauterbach**

Mailing Address 1860 N Scott ST Apt 536

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cadwalader, Wickersham & Taft

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2013

**Transaction ID : SA17.9196**

Amount of Each Receipt this Period

25.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Joyce Newstat**

Mailing Address 163 Beaumont Ave

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 05 / 2013

**Transaction ID : SA17.8966**

Amount of Each Receipt this Period

500.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. John O'Toole**

Mailing Address 1368 Trestle Glen Road

City State Zip Code  
 Oakland CA 94610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Lawyer

Nat. Center for Youth Law

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 09 / 2013

**Transaction ID : SA17.8981**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Martha Parsons**

Mailing Address 99 West Lake Dr.

City State Zip Code  
 Antioch CA 94509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 07 / 2013

**Transaction ID : SA17.9131**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Martha Parsons**

Mailing Address 99 West Lake Dr.

City State Zip Code  
 Antioch CA 94509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 07 / 2013

**Transaction ID : SA17.9193**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Steve Phillips**

Mailing Address 553 Arkansas St.

City State Zip Code  
 San Francisco CA 94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2013

**Transaction ID : SA17.8959**

Amount of Each Receipt this Period

10.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Steve Phillips**

Mailing Address 553 Arkansas St.

City State Zip Code  
 San Francisco CA 94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 11 / 2013

**Transaction ID : SA17.9136**

Amount of Each Receipt this Period

5000.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Michael Schmitz**

Mailing Address 1629 Moreland Drive

City State Zip Code  
 Alameda CA 94501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ICLEI

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2013

**Transaction ID : SA17.9134**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 45  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Dina Shek**

Mailing Address 737 Olokele Avenue, #803

City State Zip Code  
Honolulu HI 96816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Hawaii Law School

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 22 2013

**Transaction ID : SA17.9211**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Andrew H. Tisch**

Mailing Address 667 Madison Ave.

City State Zip Code  
New York NY 10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Loews Corp.

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 30 2013

**Transaction ID : SA17.9007**

Amount of Each Receipt this Period

25000.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Mark Toney**

Mailing Address 3514 California St.

City State Zip Code  
Oakland CA 94619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TURN

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 05 2013

**Transaction ID : SA17.9124**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25040.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 45  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

## **A. Mark Toney**

Mailing Address 3514 California St.

City State Zip Code  
Oakland CA 94619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TURN

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 05 / 2013

**Transaction ID : SA17.9186**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

## **B. Wendy Wilkinson**

Mailing Address 3310 Idaho Avenue NW

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sidwell Friends School

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 22 / 2013

**Transaction ID : SA17.9159**

Amount of Each Receipt this Period

20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

## **C. Jamie Wolf**

Mailing Address 812 North Foothill Road

City State Zip Code  
Beverly Hills CA 90210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 27 / 2013

**Transaction ID : SA17.9173**

Amount of Each Receipt this Period

350.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

390.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 45  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Norman Yee**

Mailing Address 44 Montgomery St., Suite 2310

City State Zip Code  
 San Francisco CA 94104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 22 / 2013

**Transaction ID : SA17.8991**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Crystal Zermeno**

Mailing Address 2894 Delaware St.

City State Zip Code  
 Oakland CA 94602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Texas Organizing Project

Occupation

Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2013

**Transaction ID : SA17.9224**

Amount of Each Receipt this Period

1000.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1240.00

34485.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 45

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

## **A. Committee to Elect Felix G. Arroyo**

Mailing Address P.O. Box 301031

City  
Boston

State  
MA

Zip Code  
02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 02 / 2013

**Transaction ID : SA16.9290**

Amount of Each Receipt this Period

500.00

Noncontribution account. Refund of contribution made.

Full Name (Last, First, Middle Initial)

## **B. Friends of Suzanne Lee Committee**

Mailing Address P.O. Box 120436

City  
Boston

State  
MA

Zip Code  
02112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2013

**Transaction ID : SA16.9289**

Amount of Each Receipt this Period

500.00

Noncontribution account. Refund of contribution made.

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 45

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

## **A. Bank of San Francisco**

Mailing Address 575 Market St.

City San Francisco State CA Zip Code 94105

Purpose of Disbursement  
Voucher checks.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 06 / 2013

**Transaction ID : SB21B.8937**

Amount of Each Disbursement this Period

48.92

Full Name (Last, First, Middle Initial)

## **B. Wells Fargo Bank**

Mailing Address One Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Bank service charge.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
07 / 31 / 2013

**Transaction ID : SB21B.8938**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. Wells Fargo Bank**

Mailing Address One Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Bank Service Charge.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 30 / 2013

**Transaction ID : SB21B.9258**

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.92

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

# PACPLUS

Category/  
Type

30.00

Category/  
Type

15.00

---

---

Category/  
Type

45.00

153.92

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 45

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

## **A. Nunn For Senate**

Mailing Address P.O. Box 78936

City Atlanta State GA Zip Code 30357

Purpose of Disbursement  
Political contribution

Candidate Name

**Michelle Nunn**

Office Sought: ☐ House  
☒ Senate  
☐ President

State: GA District:

Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

011

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 11 / 2013

**Transaction ID : SB23.9243**

Amount of Each Disbursement this Period

2500.00

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		07		2013

**Transaction ID : SB29.8939**

Amount of Each Disbursement this Period

1.59
------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

**Transaction ID : SB29.9261**

Amount of Each Disbursement this Period

0.99
------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

**Transaction ID : SB29.9262**

Amount of Each Disbursement this Period

1.19
------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3.77
------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2013

**Transaction ID : SB29.9263**

Amount of Each Disbursement this Period

2.38
------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2013

**Transaction ID : SB29.9264**

Amount of Each Disbursement this Period

1.59
------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2013

**Transaction ID : SB29.9265**

Amount of Each Disbursement this Period

49.85
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.82
-------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SB29.9266**

Amount of Each Disbursement this Period

11.26
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2013

**Transaction ID : SB29.9267**

Amount of Each Disbursement this Period

13.05
-------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2013

**Transaction ID : SB29.9268**

Amount of Each Disbursement this Period

12.66
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36.97
-------

--



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2013

**Transaction ID : SB29.9269**

Amount of Each Disbursement this Period

8.75
------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

**Transaction ID : SB29.9270**

Amount of Each Disbursement this Period

8.10
------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

**Transaction ID : SB29.9271**

Amount of Each Disbursement this Period

9.90
------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

26.75
-------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2013

**Transaction ID : SB29.9272**

Amount of Each Disbursement this Period

17.19
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2013

**Transaction ID : SB29.9273**

Amount of Each Disbursement this Period

33.99
-------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

**Transaction ID : SB29.9274**

Amount of Each Disbursement this Period

218.30
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

269.48
--------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		26		2013

**Transaction ID : SB29.9275**

Amount of Each Disbursement this Period

35.76
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2013

**Transaction ID : SB29.9276**

Amount of Each Disbursement this Period

12.66
-------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2013

**Transaction ID : SB29.9277**

Amount of Each Disbursement this Period

29.85
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.27
-------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2013

**Transaction ID : SB29.9278**

Amount of Each Disbursement this Period

12.70
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

**Transaction ID : SB29.9279**

Amount of Each Disbursement this Period

4.55
------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2013

**Transaction ID : SB29.9280**

Amount of Each Disbursement this Period

10.88
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

28.13
-------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Bank of San Francisco**

Mailing Address 575 Market St.

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement
Noncontribution account. Voucher checks and manual deposit slips.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

**Transaction ID : SB29.8934**

Amount of Each Disbursement this Period

311.27
--------

Full Name (Last, First, Middle Initial)

**B. Caplin & Drysdale**Mailing Address One Thomas Circle NW  
Suite 1100

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Noncontribution account. Legal Fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		23		2013

**Transaction ID : SB29.9249**

Amount of Each Disbursement this Period

2754.00
---------

Full Name (Last, First, Middle Initial)

**C. Caplin & Drysdale**Mailing Address One Thomas Circle NW  
Suite 1100

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
Noncontribution account. Legal Fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

**Transaction ID : SB29.9250**

Amount of Each Disbursement this Period

3138.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6203.27
---------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Caplin & Drysdale**Mailing Address One Thomas Circle NW  
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2013

**Transaction ID : SB29.9252**

Amount of Each Disbursement this Period

648.00
--------

Full Name (Last, First, Middle Initial)

**B. Caplin & Drysdale**Mailing Address One Thomas Circle NW  
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2013

**Transaction ID : SB29.9253**

Amount of Each Disbursement this Period

3834.00
---------

Full Name (Last, First, Middle Initial)

**C. Exact Target**

Mailing Address 20 North Meridian St., Suite 200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Noncontribution account. Online database fees.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2013

**Transaction ID : SB29.9255**

Amount of Each Disbursement this Period

5550.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10032.00
----------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Fredrikson & Byron, P.A.**

Mailing Address PO Box 1484

City	State	Zip Code
Minneapolis	MN	55480

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : SB29.9251**

Amount of Each Disbursement this Period

129.00
--------

Full Name (Last, First, Middle Initial)

**B. Integrated Digital Media**

Mailing Address 441 California St.

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement  
Noncontribution account. Office Expense.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2013

**Transaction ID : SB29.9234**

Amount of Each Disbursement this Period

76.36
-------

Full Name (Last, First, Middle Initial)

**C. Ayinde Martin**

Mailing Address 592 Cleveland Street

City	State	Zip Code
Brooklyn	NY	11208

Purpose of Disbursement  
Noncontribution account.. Field Worker.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

**Transaction ID : SB29.9240**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

705.36
--------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Mary Gonzalez Campaign**

Mailing Address P.O. Box 450

City	State	Zip Code
Clint	TX	79836

Purpose of Disbursement
Noncontribution account. Texas State Representative District 75

011

Category/  
Type

Candidate Name

**Mary Gonzalez**

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

**Transaction ID : SB29.9248**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. LaTanya D. Nelson**

Mailing Address 474 Griscom Dr.

City	State	Zip Code
Woodbury	NJ	08096

Purpose of Disbursement
Noncontribution account.. Field Worker.

001

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		20		2013

**Transaction ID : SB29.9239**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. New Majority Matters**

Mailing Address 3245 University Ave., Ste 1, #253

City	State	Zip Code
San Diego	CA	92104

Purpose of Disbursement
Noncontribution account.

011

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2013

**Transaction ID : SB29.9246**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
---------

--



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. PowerPAC.org**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2013

Mailing Address 44 Montgomery St., Suite 2310

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement  
Noncontribution account. Staffing.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB29.9285**

Amount of Each Disbursement this Period

30000.00
----------

Full Name (Last, First, Middle Initial)

**B. PVL Accounting Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2013

Mailing Address 44 Montgomery St Suite 2310

City	State	Zip Code
San Francisco	CA	94107

Purpose of Disbursement  
Noncontribution account. Accounting.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB29.9286**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2013

Mailing Address One Montgomery Street

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement  
Noncontribution account. Bank Service Charge.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB29.9256**

Amount of Each Disbursement this Period

20.00
-------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32520.00
----------

--

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

# PACPLUS

### A. Wells Fargo Bank

Date of Disbursement

Mailing Address One Montgomery Street



City	State	Zip Code
San Francisco	CA	94104

Transaction ID : SB29.9257

Purpose of Disbursement	
Noncontribution account. Bank Service Charge.	

001

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

20.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

20.00

**TOTAL** This Period (last page this line number only).....

51977.82

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 35 OF 45  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>PACPLUS</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00516500</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Ludovic Andre</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 20 Lamont Ave. Apt 16			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1000.00</div>		
City Hamilton		State NJ	Zip Code 08619		<b>Transaction ID : SE.8918</b>
Purpose of Expenditure Field Workers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 12 / 2013</div>	
Name of Federal Candidate Cory Booker			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">43695.56</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
Full Name of Payee <b>Douglas Fulmer &amp; Associates Inc.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 704 Pinehurst Point			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">6834.86</div>		
City Mt. Juliet		State TN	Zip Code 37122		<b>Transaction ID : SE.8800</b>
Purpose of Expenditure Voter ID calls		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">005</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07 / 26 / 2013</div>	
Name of Federal Candidate Cory Booker			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">13834.86</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7834.86</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <div style="text-align: right;">Lisa Le</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2014</div>		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 36 OF 45  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>PACPLUS</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00516500	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on				
Full Name of Payee <b>Douglas Fulmer &amp; Associates Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 704 Pinehurst Point			Amount 3427.84	
City Mt. Juliet	State TN	Zip Code 37122	Transaction ID : <b>SE.8875</b>	
Purpose of Expenditure Voter ID calls		Category/ Type 005	Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2013	
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought		17262.70	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary	
Full Name of Payee <b>Douglas Fulmer &amp; Associates Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 704 Pinehurst Point			Amount 2925.00	
City Mt. Juliet	State TN	Zip Code 37122	Transaction ID : <b>SE.8931</b>	
Purpose of Expenditure Voter ID calls		Category/ Type 005	Date of Disbursement or Obligation MM / DD / YYYY 08 / 16 / 2013	
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought		53210.56	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary	
(a) SUBTOTAL of Itemized Independent Expenditures.....			6352.84	
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  Lisa Le		[Electronically Filed]		Date MM / DD / YYYY 01 / 27 / 2014

Full Name of Payee <b>Jasmine Grundy</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 26 S. New York Ave.		Amount 1000.00	
City Atlantic City	State NJ	Zip Code 08401	Transaction ID : <b>SE.8915</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Field Workers		Category/ Type 001	
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify)
Calendar Year-To-Date Per Election for Office Sought		42695.56	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Special-Primary</b>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	8605.36
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

*Lisa Le*  
\_\_\_\_\_  
Signature

[Electronically Filed]

Date 01 / 27 / 2014

Full Name of Payee <b>Hope Road Consulting</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 44 Montgomery St., Suite 2310		Amount 94.99	
City San Francisco	State CA	Zip Code 94104	Transaction ID : <b>SE.9236</b> Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Mailer.	Category/ Type	001	09 / 05 / 2013
Name of Federal Candidate Cory Booker	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought	54305.55	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	4094.99
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

*Lisa Le*  
\_\_\_\_\_  
Signature

*[Electronically Filed]*

Date 01 / 27 / 2014

Full Name of Payee <b>Jenerator Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 282 Clipper St.		Amount 650.00	
City San Francisco	State CA	Zip Code 94114	<b>Transaction ID : SE.8893</b>
Purpose of Expenditure Design Fee for Postcards	Category/ Type	006	Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2013
Name of Federal Candidate Cory Booker	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: NJ
Calendar Year-To-Date Per Election for Office Sought	29815.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special-Primary

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	840.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lisa Le*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

Full Name of Payee <b>Jenerator Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 282 Clipper St.		Amount 250.00	
City San Francisco	State CA	Zip Code 94114	Transaction ID : <b>SE.8926</b>
Purpose of Expenditure Leader Board Web Banner Design	Category/ Type	006	Date of Disbursement or Obligation MM / DD / YYYY 08 / 16 / 2013
Name of Federal Candidate Cory Booker	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought	49445.56		Disbursement For: 2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1075 1501 1364 1507"> <tr> <td data-bbox="1075 1501 1364 1507">1750.00</td></tr> </table>	1750.00
1750.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1075 1507 1364 1512"> <tr> <td data-bbox="1075 1507 1364 1512"></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1075 1512 1364 1520"> <tr> <td data-bbox="1075 1512 1364 1520"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 41 OF 45  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>PACPLUS</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00516500		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M / D D / Y Y Y Y Y Y		
Full Name of Payee <b>Jenerator Media</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 282 Clipper St.			Amount 650.00		
City San Francisco		State CA	Zip Code 94114		Transaction ID : <b>SE.8928</b>
Purpose of Expenditure Half Page Spanish Newspaper Ad Design		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 16 / 2013		
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NJ</b>		
Calendar Year-To-Date Per Election for Office Sought		50095.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>	
Full Name of Payee <b>Phuong Le</b>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 300 3rd St			Amount 480.00		
City San Francisco		State CA	Zip Code 94107		Transaction ID : <b>SE.8897</b>
Purpose of Expenditure 16,000 Credits for VoIP		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2013		
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>NJ</b>		
Calendar Year-To-Date Per Election for Office Sought		31795.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			1130.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					
(c) <b>TOTAL</b> Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  Lisa Le		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 27 / 2014	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 42 OF 45  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>PACPLUS</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00516500</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Ayinde Martin</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 592 Cleveland Street			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1000.00</div>		
City Brooklyn		State NY	Zip Code 11208		<b>Transaction ID : SE.9237</b>
Purpose of Expenditure Field Worker.		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 22 / 2013</div>	
Name of Federal Candidate Cory Booker			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">54210.56</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
Full Name of Payee <b>LaTanya D. Nelson</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 474 Griscom Dr.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1500.00</div>		
City Woodbury		State NJ	Zip Code 08096		<b>Transaction ID : SE.8921</b>
Purpose of Expenditure Field Worker		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 12 / 2013</div>	
Name of Federal Candidate Cory Booker			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">45195.56</div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2500.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <div style="text-align: center;">Lisa Le</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 27 / 2014</div>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 43 OF 45  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>PACPLUS</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00516500	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>PowerPAC.org</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>44 Montgomery St., Suite 2310</b>			Amount <span style="border:1px solid black; padding:2px;">20000.00</span>	
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94104</b>	Transaction ID : <b>SE.9283</b>	
Purpose of Expenditure <b>Field Workers.</b>		Category/Type <span style="border:1px solid black; padding:2px;">001</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>09 / 06 / 2013</b>	
Name of Federal Candidate <b>Cory Booker</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NJ</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">74305.55</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>	
Full Name of Payee <b>Reporte Hispano, LLC</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address <b>42 Dorann Ave.</b>			Amount <span style="border:1px solid black; padding:2px;">1000.00</span>	
City <b>Princeton</b>	State <b>NJ</b>	Zip Code <b>08540</b>	Transaction ID : <b>SE.8905</b>	
Purpose of Expenditure <b>1/2 Page Ad</b>		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>08 / 07 / 2013</b>	
Name of Federal Candidate <b>Cory Booker</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NJ</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">32795.56</span>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-Primary</b>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">21000.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <i>Lisa Le</i>		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> <b>01 / 27 / 2014</b>

Full Name of Payee South Jersey Communications, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2013	
Mailing Address P.O. Box 727		Amount 500.00	
City Swedesboro	State NJ	Zip Code 08085	Transaction ID : SE.8891
Purpose of Expenditure WebAd	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 05 / 2013
Name of Federal Candidate Cory Booker	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: NJ
Calendar Year-To-Date Per Election for Office Sought	29165.56	Disbursement For: <input checked="" type="checkbox"/> Other (specify) ►	<input type="checkbox"/> Primary <input type="checkbox"/> General Special-Primary

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr><td>2315.00</td></tr> </table>	2315.00
2315.00		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr><td></td></tr> </table>	
(c) <b>TOTAL</b> Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr><td></td></tr> </table>	

*Lisa Le*  
\_\_\_\_\_  
Signature

*[Electronically Filed]*

Date  /  / 

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 45 OF 45  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>PACPLUS</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00516500		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>Spotlight Design &amp; Printing</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>		
Mailing Address 725 Bryant St.			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1982.50</div>		
City San Francisco		State CA	Zip Code 94107		Transaction ID : <b>SE.8879</b>
Purpose of Expenditure Printing of mailers		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">006</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">31</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>	
Name of Federal Candidate Cory Booker			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26850.56</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
Full Name of Payee <b>Univision Radio</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>		
Mailing Address 485 Madison Ave., 3rd Floor			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">8900.00</div>		
City New York		State NY	Zip Code 10022		Transaction ID : <b>SE.8911</b>
Purpose of Expenditure Radio Ads		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2013</div>	
Name of Federal Candidate Cory Booker			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">41695.56</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10882.50</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">67305.55</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Lisa Le</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">27</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		